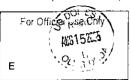
U.S. Department of Labor Orfice of Labor Management Standards Washington, JC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P. L. 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1 File Number II / ¬ C / :	2. Fiscal Year Covered From
1 File Number U- 634;	
	01 01 04 Through: 12 31 04
3 Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Bill R Eden	Name Plumbers & Pirefittes Local 430
	Labor Organization File Number 540 908
P O Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 500 QUAPAW AVE	Street 2908 N. HARVARD AVE.
City RAMONA	city Tulsa
State OK ZIP Code 24061-0145	State OK ZIP Code + 17415-2404
5 Position in labor organization 13 Lasiness MANASCR	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A Held an interest in, engaged in transactions (nouding loans) with, or derived income or other economic benefit of	
monetary value from an employer whose employees your organize	ation represents or is actively seeking to represent.
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any	
P O Box, Bldg , Room No., if any	7.b. Amount.
Street	
City	
State ZIP Code + 4	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	

Telephone Number

Name of Person Filing Bill R Eden	File Number U-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.	
Name and address of Business (including trade name, if any).	9. Business deals with:
Name Piper: Treas Local 430 Health & welfare Trunch Trade Name, if any	a. Labor Organization b. Trust
P.O Box, Bidg., Room No., if any Street 2908 N. HARUARA	c. Employer
City Tels A	
State ZIP Code + 4 OK Ahama	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing. LOCAL NEWSON NEGOTIATE CONTRACTS And
Name	AFREEMENTS WITH SIGNATURY CONTRACTORS.
Trade Name, if any:	Apreements with Signatory CONTRACTORS. Requiring Contributions To Employee
P.O. Box, Bldg. Room No., if any	Benefit Funds
Street	11.b. Approximate dollar value of such dealing. Un Kலையல்
City State ZIP Code + 4	12.a. Nature of interest held or income received.
State 218 Cook + 4	Meal FOR reviow Trustee AT
	French Heal, Tulsa OK.
	12.b. Amount. 21.00
	12.b. Amount. 4 (.00
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14.a. Nature of payment.
Name	
Trade Name, if any	
P.O. Box Bldg., Room No., if any	
Street	
City	

14.b. Amount of payment.

13 b. is the Business an Employer

State

ZIP Code - 4

or Consultant

7